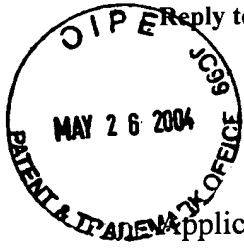


5-27-04

21724

Appl. N . 09/776,469  
Amdt. dated 05/26/2004  
Reply to Office action of February 27, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/776,469 Confirmation No. 7141  
Applicant: Beauchamp  
Filed: 02/02/2001  
TC/A.U.: 2172  
Examiner: EHICHIOYA  
  
Docket No.: 22966-P001US  
Customer No.: 23,530

For: **GOOD AND SERVICE DESCRIPTION SYSTEM AND METHOD**

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

JUN 07 2004

Technology Center 2100

**AMENDMENT**

In response to the Office action of February 27, 2004, please find enclosed:

1. Amendment under 37 C.F.R. §1.111;
2. Patent Application Fee Determination Record (PTO/SB/06);
3. Check in the amount of \$215 for additional independent claims;
4. Revocation of Power of Attorney and Appointment of New Power of Attorney;
5. Application Data Sheet; and
6. Return Post Card.

It is believed that no additional fees are due. However, the Commissioner is hereby authorized to deposit any overpayment or charge any other fees, which may be required by this paper, to Winstead Sechrest & Minick P.C. Deposit Account No. 23-2426 (reference 22966-P001US). A duplicate copy of this paper is attached.

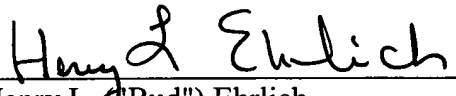
Express Mailing Label No.:  
EL 812538505US

Appl. No. 09/776,469  
Amdt. dated 05/26/2004  
Reply to Office action of February 27, 2004

Respectfully submitted,  
WINSTEAD SECHREST & MINICK P.C.

May 26, 2004  
DATE

Correspondence Address:  
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HOUSTON\_1\724532\1  
22966-P001US

Express Mailing Label No.:  
EL 812538505US

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/776,469

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
x \$ _____	
x _____	
+ _____	

RATE	FEE
	\$ _____
x \$ _____	
x _____	
+ _____	

TOTAL 0.00

OR TOTAL 0.00

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 99	Minus ** 175	= 0
Independent (37 CFR 1.16(b))	* 8	Minus *** 3	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$0.00 =	0.00
x 43.00 =	215.00
+ _____	

RATE	ADDITIONAL FEE
x \$ _____	
x _____	
+ _____	

TOTAL ADDIT. FEE 215.00

OR TOTAL ADDIT. FEE 0.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* _____	Minus ** _____	= _____
Independent (37 CFR 1.16(b))	* _____	Minus *** _____	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____	
x _____	
+ _____	

RATE	ADDITIONAL FEE
x \$ _____	
x _____	
+ _____	

TOTAL ADDIT. FEE 0.00

OR TOTAL ADDIT. FEE 0.00

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* _____	Minus ** _____	= _____
Independent (37 CFR 1.16(b))	* _____	Minus *** _____	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____	
x _____	
+ _____	

RATE	ADDITIONAL FEE
x \$ _____	
x _____	
+ _____	

TOTAL ADDIT. FEE 0.00

OR TOTAL ADDIT. FEE 0.00

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.